

**DME Task Force Meeting
Medical Services Division
Wednesday, August 26th, 2015**

Location: North Dakota State Capitol in Bismarck
Judicial Wing 2nd Floor – AV Room 210-212

Time: 1:00 p.m. to 3:00 p.m.

Medical Services General Statement: The main purpose of the DME Task Force meeting is to be a working group to discuss current policy and to bring recommendations to the table for Medical Services to take into consideration. It is not meant to discuss individually denied cases. The Department's decisions are based on 42 CFR 440.230(d) and the North Dakota Administrative Code 75-02-02-08, which allows the Department to place appropriate limits on services based on such criteria as medical necessity or utilization control procedures.

Please address all questions specific to the RAC audit results with Cognosante at 1-855-637-2212 as this is not the appropriate forum.

Attendees

Tammy Holm, DME Administrator
Tammy Zachmeier, UR Supervisor
Jennifer Sanders, Coding Specialist
Samantha Kunz, PT OT Reviews
Sue Burns, Administrator Clinical Services – OOS
Jeanne Folmer, Program Integrity Audit Coordinator
Bruce Mettin – Trinity
David Holmar – Bioventus
Carrie Oliver – Altru
Gail Urbance – Great Plains Dickinson
Darla Hanson – Unity Medical Center
Brandy Burg – Medquest
Linda Skiple – Sleep Easy
Sarah Christenson - HAMC
Mary Jo Henne – Sanford

Sarah Regner, Medical Coding Specialist
Nikki Lyons, Medical Coding Specialist
Laura Jassek, Administrator Medicaid
Payment and Reimbursement
Shanna Mills, Administrator SURS & TPL

Doug Boknecht – Medical Services
Cindy Matson – Sanford
Andrew Wood CHI
Barb Stockert – Sanford HCA
Pat Greenfield – Medquest
Hilda Miller – Sanford
Lanae Fritel – HAMC
Brenda Schultz – Altru

Provider Submitted Questions

1. When will there be a new DME Provider Manual released to providers? With the new system and requirements changing, a new manual listing all of this information would be extremely beneficial rather than just having the previous one updated.

Response:

The DME Manual policy section will not be affected by the new system and remain effective to utilize.

DME Task Force Meeting
Medical Services Division
Wednesday, August 26th, 2015

Once the new system is in operation, the Department strongly encourages providers to frequently monitor the Provider Update webpage, as any pertinent guidance related to the service authorization process will be posted there.

When the DME Manual revision is completed and ready to be utilized a notice will be posted to the Provider Updates webpage.

Provider Update webpage link:

<http://www.nd.gov/dhs/services/medicalserv/medicaid/provider-updates.html>

2. Would ND Medicaid allow the MAMES ND Providers to assist in developing a DME Provider Manual? This manual would follow the ND Medicaid guidelines and have to be approved by your department?

Response:

The Department appreciates the MAMES ND provider's generous offer, but respectfully declines.

The Department encourages providers to frequently check the Provider Update webpage as significant changes/revisions and guidance as needed will be posted.

Provider Update webpage link:

<http://www.nd.gov/dhs/services/medicalserv/medicaid/provider-updates.html>

Further Discussion:

Provider asked if they could suggest possible policies and manual changes. The Department suggests that if providers have any suggestions they would like to share to send them to Tammy Holm at tamholm@nd.gov for consideration. When there are any updates to the manual, it will be posted on the DME website as well as any other clarification on policies and procedures.

3. Is ND Medicaid ready for ICD-10 October 1st? We get plenty of information from SD Medical Assistance and Minnesota Medical Assistance regarding ICD10, but nothing from ND.

Response:

The Department encourages providers to frequently check the DHS home webpage for important updates as there has been numerous postings and information related to ICD-10 and the new MMIS system.

NDMA is still actively testing ICD-10 codes thru October 31, 2015. Instructions on how providers can participate are available at the website link below.

DME Task Force Meeting
Medical Services Division
Wednesday, August 26th, 2015

<http://www.nd.gov/dhs/services/medicalserv/medicaid/icd10.html>

The site announced that North Dakota would be ICD-10 ready by the new federal deadline of October 1, 2015.

Further Discussion:

When an authorization is submitted with an ICD-9 code, does it have to be resubmitted with ICD-10? Yes, it does. Previously approved service authorizations that have an end date past 9-30-15 will be end dated as of 9/30/15. The DME provider will be required to submit a new service authorization request with a start date of 10-1-15 and the original approved end date and the remaining units. No supporting documents need to be sent as already approved. Any service authorizations that have denied HCPCs will remain denied.

4. Please clarify the difference between a dispensing order or prescription and a detailed written prescription. The manual refers primarily to a "prescription" but does not differentiate between the two. Medicare merely requires a dispensing order or written order prior to delivery (on certain items) in order for us to provide services. However, before a claim is filed to Medicare they require additional information. This is when providers get a Detailed Written Order. This must be in hand prior to filing the claim. Would this practice be acceptable to ND Medicaid or do you require all of the information to be on the dispensing order or "prescription"?

Response:

Currently, the Department only requires a prescription for DME items. Since this is a Medicare requirement, it would be best to address this question with them for appropriate guidance.

Further Discussion:

The Department only requires a complete original prescription for DME items. If a provider needs clarification on a prescription they will need to contact the physician using their business practice method. Since further questions are related to the RAC audit the Department recommends that that the discussion be tabled at this time as clarification will be shared when the RAC audit is complete. Meanwhile, the Department will continue to utilize the existing DME Manual and guidelines.

5. Some beneficiaries have had supplies or services that have been provided since the birth (or for many years). The NDMA's current interpretation is that these patients need to be seen within 60 days of the renewal RX. NDMA already has medical necessity on file for the supplies/services. This is just a renewal RX (which is required every 12 months). If the medical necessity is already on file for supplies/services that have been provided for years and the patient's condition has not changed, is it really necessary that the patient would have to be seen by the physician within 60 days of the renewal RX? We have a patient's

DME Task Force Meeting
Medical Services Division
Wednesday, August 26th, 2015

mother make a good point. The services/supplies we have provided to her child for years, now we've told her that the RENEWAL PRIOR is denied because there was not a visit within 60 days of the renewal RX. She states that, "It's not like my child's condition is going to change. We will not wake up one day and be all better and the supplies/services will not be needed anymore."

Response:

The manual states that a prescription for medical supplies used on a continuous basis must be renewed by a physician at least every 12 months and must specify the monthly quantity needed.

The recipient is seen annually for renewal of the prescription. The physician will conduct an evaluation and based on this information will issue a new prescription (per the Departments prescription required criteria) for the next 12 months.

If the item(s) ordered require a prior authorization, all the normal requirements for prior approval must be met, and the Department must receive the prior authorization request no later than 90 days from the date of the service or it will be denied and the provider will be liable.

Additional DME Items

- ❖ The Department reminds providers to check Medicaid Provider Update web page for important updates regarding policy changes, billing and coding guidance, etc. and when the 2016 DME fee schedules are posted. The fee schedule rates are current in the system.

<http://www.nd.gov/dhs/services/medicalserv/medicaid/provider-updates.html>

- ❖ If an item has an assigned HCPC code but does not appear on the DME fee schedules it is considered as a non-covered item and using a miscellaneous code would be incorrect.

- ❖ Important reference links and phone numbers related to DME

- ND Health Enterprise MMIS Portal -
<https://mmis.nd.gov/portals/wps/portal/EnterpriseHome>
- Service authorization documentation attachment fax - (701)-328-1544
- DME Call Center - (877) 328-7098
- Provider Update webpage

<http://www.nd.gov/dhs/services/medicalserv/medicaid/provider-updates.html>

DME Task Force Meeting
Medical Services Division
Wednesday, August 26th, 2015

- ND Health Enterprise MMIS Initiative home page

<http://www.nd.gov/dhs/info/mmis.html>

- EDI inquiries – Ndmmissedi@nd.gov or ND EDI Help Desk - 1-844-848-0844
- ND forms repository - <http://www.nd.gov/eforms/>
- Claim attachments fax - (701) 328 - 0374

❖ ND Health Enterprise MMIS Learning: COMPUTER BASED TRAINING AVAILABLE

For providers and trading partners who have not been able to attend recent instructor led trainings, as well as for those seeking more ND Health Enterprise MMIS functionality information, training is available in the form of computer-based trainings (CBT). These free courses, offered to ND Medicaid providers, are available 24/7.

The Learning Center trainings include, but are not limited to; claims, service authorizations, navigating MMIS, checking member eligibility, and organization security management.

The Learner Community website is located at;

<http://ndmmis.learnercommunity.com>

Introduction of New Medical Service Employees - Program Integrity

Jeanne Folmer, CPC, CHA
SURS Administrator
Phone# 701-328-4831
Fax# 701-328-1544
jfolmer@nd.gov

Shanna Mills
Fraud & Abuse and TPL Administrator
Phone# 701-328-4024
Fax# 701-328-1544
smills@nd.gov

Program Integrity Information

SURS Audits

DME Task Force Meeting

Medical Services Division

Wednesday, August 26th, 2015

The Surveillance Utilization Review Section (SURS) conducts audits in order to determine areas where potential overpayments may exist. These audits have resulted in recoveries, policy creation and policy clarification. SURS also conducts compliance audits in order to determine if providers that were cited in a previous audit have taken the necessary steps in order to avoid additional errors specific to that particular audit topic.

RAC Audits

The Medicaid Recovery Audit Contractor (RAC) Cognosante is currently completing the Pharmacy and DME audits. The Department cannot emphasize enough the importance of documentation and making sure it is correct, that prior authorizations are in place and the correct prior authorization number is on the billing form., Also make sure physician orders are signed, quantities provided are what are authorized, the correct equipment is supplied as authorized, etc. The RAC will be requesting records in most cases to verify that the documentation is correct and complete for the claims that are being reviewed. Providers need to follow the instructions on the letter sent from the RAC. Questions specific to RAC audit results should be directed to Cognosante at 1-855-637-2212.

PERM Audits

The Payment Error Rate Measurement (PERM) program measures improper payments in Medicaid and Children's Health Insurance Program (CHIP) and produces error rates for each program. The error rates are based on reviews of the fee-for-service (FFS), managed care and eligibility components of Medicaid and CHIP in the fiscal year (FY) under review. It is important to note the error rate is not a "fraud rate" but simply a measurement of payments made that did not meet statutory, regulatory or administrative requirements. If documentation or sufficient documentation is not submitted, the claim(s) will be considered an error and subject to recoupment. All states are required to participate in PERM audits. The PERM audit cycle is every three years. The current state PERM cycle is federal fiscal year 2015 which started October 1, 2014 and goes through September 30, 2015. The PERM audits include eligibility determination, medical records and claims processing.

Questions regarding any of the audit programs listed above may be addressed to Jeanne Folmer, jfolmer@nd.gov, Medicaid Program Integrity Audit Coordinator.

Fraud, Waste and Abuse

If you suspect a Medicaid provider or recipient of fraud, waste, and/or abuse please report it to the Program Integrity unit in the following ways:

By calling: 1-800-755-2604 or 1-701-328-4024

By email: medicaidfraud@nd.gov

By letter: Fraud & Abuse Administrator

Medical Services Division

ND Department of Human Services

600 E Boulevard Ave. Dept. 325

DME Task Force Meeting
Medical Services Division
Wednesday, August 26th, 2015

Bismarck, ND 58505-0250

Third Party Liability (TPL)

If a Medicaid recipient is also covered by Medicare, has other insurance, or some other third party is responsible for the cost of the recipient's health care, claims shall not be submitted to Medicaid until the charges are processed by the primary payer. (Medicaid is the payer of last resort; some exceptions apply, e.g., vocational rehabilitation).

If the recipient's TPL coverage has changed, providers must notify the TPL unit before submitting a claim.

For questions about private insurance, Medicare or other third-party liability:
(800) 755-2604
(701) 328-4024

Send written inquiries to:
Third Party Liability Unit
Medical Services Division
ND Department of Human Services
600 E Boulevard Ave. Dept. 325
Bismarck ND 58505-0250

Or email:
medicadtpl@nd.gov

Additional References:

- Website for a copy of the presentation - <http://www.nd.gov/dhsinfo/mmisis.html>
- ND Health Enterprise MMIS - <https://mmis.nd.gov/portals/wps/portal/EnterpriseHome>
- Enterprise information - www.nd.gov/dhs/info/mmisis.html
- Provider enrollment - more information regarding the ND Health Enterprise MMIS provider enrollment process, including frequently asked questions:
<http://www.nd.gov/dhs/info/mmisis/materials.html>
- Provider enrollment inquiries – dhsenrollment@nd.gov
- Training inquiries – mmistraining@nd.gov
- Policy inquiries – MMISinfo@nd.gov
- EDI inquiries – Ndmmisedi@nd.gov or ND EDI Help Desk at 1-844-848-0844

DME Task Force Meeting
Medical Services Division
Wednesday, August 26th, 2015

- ND forms repository - <http://www.nd.gov/eforms/>
- Call Center - (877) 328-7098
- Claim attachments fax - (701) 328-0374